

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

		Attorney Docket No: PD-200254								
					,		Origina Contin	nuation on nuation	n-in-Part	
As a below named in	ventor, I hereb	y declar	e that:							
My residence, post o	ffice address a	nd citize	nship are as stated bel	ow nex	t to r	ny name.				
inventor (if plural nan	nes are listed b	elow) of	ntor (if only one name the subject matter whi ent In A Broadband Sa	ch is cla	aime	d and for wi	hich a nate	antie s	oint sought on	
	ttached hereto		lication Serial No							
I hereby state that I h claims, as amended	ave reviewed a by an amendm	and unde ent refer	erstand the contents of red to above.	the abo	ove i	dentified sp	ecification,	inclu	ding the	
I acknowledge the dube material to patenta	ty to disclose t ability as define	o the Uned in Title	ited States Patent and 37, Code of Federal F	Traden Regulati	nark ions,	Office all in §1.56.	formation l	knowr	to me to	
other than the United	ertificate, or 36 States of Ame ertificate, or of	5(a) of a rica, liste any PCT	35 U.S.C. §§119(a)-(d ny PCT international a ed below and have also international application	pplication identif	on th	at designat	ed at least	one o	country	
Foreign Application Number	Countr	у	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed			Certified Copy Attached			
				☐ Ye	es	□ No	☐ Yes		No	
				☐ Ye	es	□ No	☐ Yes		No	
I hereby claim the bei	nefit under 35 l	J.S.C. §	119(e) of any United St	ates pr	ovisi	onal applica	ation(s) list	ed be	low:	
Application Number F		iling Date (MM/DD/YYYY)								
each of the claims of the manner provided l States Patent and Tra	on designating this application by the first parademark Office ecame available	the Unite is not di agraph o all inforr e betwee	20 of any United States ed States of America, I sclosed in the prior Un f 35 U.S.C. §112, I ack mation known to me to en the filing date of the	isted be ited Sta nowled be mate	elow ates d lge th erial	and, insofator PCT inter the duty to di	r as the su mational a isclose to t ility as defi	bject i pplica the Un	tion in nited	
U.S. Parent Application or Parent PCT Number		Filing Date (MM/DD/YYY)		Y)	f )			ent Number applicable)		
				****						

## DECLARATION/POWER OF ATTORNEY

Page 2 of 2

Attorney Docket No: PD-200254

I hereby appoint the following attorneys, or agent and attorneys, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John T. Whelan

Registration No. 32,448

Craig L. Plastrik Michael W. Sales Registration No. 41,254 Registration No. 30,213

## Correspondence Address:

Name:

**Hughes Electronics Corporation** 

Patent Docket Administration

Address:

P.O. Box 956

Bldg. 1, Mail Stop A109

City/State/Zip:

El Segundo, CA 90245-0956

Country:

USA

Telephone: 301-428-5965

Facsimile: 301-428-2802

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or Joint Inventor:	Inventor's Signature:		Date:						
Aaron Valdivia	Unon alebin	3/4/01							
Residence (City and State)	Citizenship								
Ellicott City, Maryland		USA							
Residence Address (Street/City/State/Zip)									
4013 Wildwood Way, Ellicott City, Maryland									
Full Name of Joint Inventor: 47' Rajeev Gupat GOPAL	Inventor's Signature:		Date: P) 4 3/9 / 0 /						
Residence (City and State)	Citizenship								
N. Potomac, Maryland	USA								
Residence Address (Street/City/State/Zip)									
15807 Seurat Drive, N. Potomac, Maryland 20878									
Full Name of Joint Inventor:	Inventor's Signature:		Date:						
Residence (City and State)	Citizenship								
Residence Address (Street/City/State/Zip)									
			1						
Full Name of Joint Inventor:	Inventor's Signature:		Date:						
Residence (City and State)	Citizenship								
Residence Address (Street/City/State/Zip)									